



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

**\*BIBDATASHEET\***

CONFIRMATION NO. 7472

Bib Data Sheet

<b>SERIAL NUMBER</b> 09/992,708	<b>FILING OR 371(c) DATE</b> 11/19/2001 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3766	<b>ATTORNEY DOCKET NO.</b> 1023-011US01
<b>APPLICANTS</b> Glen D. Caby, Lake Forest Park, WA; James S. Neumiller, Redmond, WA; Jyhlin Chang, Shoreline, WA; Curtis R. Jordan, Kent, WA; Dana J. Olson, Kirkland, WA; Ward A. Silver, Vashon, WA; Scott O. Schweizer, Snohomish, WA;				
** CONTINUING DATA *****				
** FOREIGN APPLICATIONS *****				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 12/06/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> WA	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 42  <b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> 53049				
<b>TITLE</b> INTERNAL MEDICAL DEVICE COMMUNICATION BUS				
<b>FILING FEE RECEIVED</b> 2134	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	